

DRAFT

Virginia EHDI Program Advisory Committee Meeting  
Friday, February 8, 2008  
10 a.m. – 3 p.m.

Children's Hospital of Richmond Auditorium  
2924 Brook Road  
Richmond, VA 23220-1298  
(804) 321-7474

MINUTES

ATTENDANCE

Barbara Allen  
Andrea Alvarez (guest)  
Michelle Ballard  
Nancy Bullock  
Brian Campbell  
Craig Derkay  
Mary Ann Discenza  
Darlene Donnelly  
Leslie Ellwood  
Nancy Ford  
Sally Frazier  
Ruth Frierson

Kristen Harker  
Fredia Helbert  
Ann Hughes  
Gayle Jones  
Gail Lim  
Lou Lambert  
Debbie Pfeiffer  
Leslie Prince  
Susan Thlusty (guest)  
Dana Yarbrough  
Nicole Thorn (interpreter)  
Francie Royer (interpreter)

**1. Welcome: L. Ellwood**

- A. Introductions: Completed.
- B. Approval of 11/09/07 Minutes: Reviewed and approved as written.
- C. Review of Agenda: Reviewed and approved as written.
- D. Membership: Circulated for corrections.
- E. Travel Reimbursement: Complete and return to Darlene Donnelly.

**2. VEHDIP Regulations: S. Thlusty**

A review of Virginia Early Hearing Detection and Intervention Program (VEHDIP) Regulations was provided. The Code of Virginia requires a review of Regulations every four years. VEHDIP must make changes because the last review was in 2001 and the requirements in the Regulations are based on the 1999 Pediatric Statement. A sub committee of the Advisory Committee will work on the Regulations, which consists of M. Ballard, F. Helbert, L. Ellwood and R. Frierson. This is a public process. The review was posted on the Town Hall website and was open for public comment until November 19, 2007. A Notice of Intent of Regulatory Action (NOIRA) has been completed and is awaiting approval by the Board of Health and signed by the Commissioner. Upon approval, it will be published. There will be a formal workgroup that is open to the public. There will be three different times to submit public comment. Changes made should incorporate new the Joint Commission on Infant Hearing (JCIH) Year

2007 position statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs and allow for flexibility due to the new data system. It is not expected that there will be any controversy regarding the Regulations due to the nature of the program. The process should not require more than three meetings, which could be attended by conference call. Invitations will be extended to parents and hospital staff to participate in this process. In addition, D. Yarbrough volunteered to extend an invitation to parents of Guide By Your Side (GBYS).

The hearing aid bill HB 237 to mandate insurance coverage for hearing aids for children 18 years of age and younger was referred, but did not pass.

### **3. Standing Updates**

#### **A. Partnership for People with Disabilities**

A. Hughes announced that the final paperwork for the Partnership grant has been filed. The majority of the grant will go to GBYS.

#### **B. Guide By Your Side**

D. Yarbrough provided an overview of GBYS program activities and accomplishments. In 2007, 81 families were matched with a family guide. Approximately 40% of those children were less than six months of age. There were nine families that did not want to be matched. The primary funding source for GBYS is the Virginia Department of Health (VDH) and that funding will end in August 2008. The Department of Education (DOE) will provide funding for the remainder of 2008 and 2009. For 2009, GBYS will focus on recruiting, training, and matching. Follow-up surveys will be completed to determine parent satisfaction and to assist in the development of special education information. A. Hughes will form a workgroup to assist in locating a permanent home for GBYS.

#### **C. Hearing Work Group**

No report.

#### **D. DMAS (Department of Medical Assistance Services)**

B. Campbell announced that as of January 1, 2008, 170 providers received letters providing information on the availability of audiology and hearing aid services through EPSDT to current Medicaid/FAMIS Plus children, service requirements, limitations, definitions, pre-authorization, new reimbursement schedules, and contact information. Increased reimbursements are now available to screeners. Focus will now be on maintaining the programs and increasing the rate structure.

Online training sessions have been conducted regarding the new changes that have taken place. Sessions have been well attended.

There is a need to increase the number of hearing aid specialists. The list of providers has expanded to allow for the provision of hearing aids and reimbursement from others. Previous claim payment systems were underdeveloped, but new program should be better.

There has been a device fee increase for audiologists, and they can exceed their own limits with pre authorization. In addition, there is some reimbursement for dispensation and fitting.

Care Connection for Children (CCC) has been helpful in finding coverage for hearing aids. B. Campbell stated that targeted marketing to hearing aid providers will start soon. Fairfax County Health Department will start providing hearing aids, contact person is Donna Ettinger.

#### **E. VDH**

R. Frierson stated that while VEHDIP continues to pursue the location, diagnosis, and provision of intervention services, there is a need for more providers and audiologists to participate in EHDI. There are areas that lack participation. Ruth will explore the possibility of collecting health insurance information in the new database. In addition, R. Frierson addressed the 2007 JCIH recommendations stating that the major change would be under risk indicators, which consume a lot of time and effort and produces very little results.

Information provided by M. Ballard at 11/9/07 meeting regarding the number of children without PCP/medical home was revisited. A breakdown of this information will be provided at the next meeting. DMAS requested full information on these children to use in an assessment of the number and location of providers. N. Ford will review to see if this is possible.

M. Ballard distributed the audiologist survey to assess their perception of and experiences with EHDI. A. Alvarez will review data. A. Alvarez plans to use a paper survey to eliminate data entry. It was recommended that the survey be done using Survey Monkey for convenience and accessibility. This survey and evaluation should be completed this summer, and recommendations will be provided to the AC at that time. A VEHDIP program evaluation is also being performed by A. Alvarez.

Another survey was sent to the AC to assess their perception of how the system is operating. Results of the survey will be provided at the next meeting.

N. Ford stated that there was not any new grant information. The three-year HRSA MCHB grant is ending August 2008. The majority of that money is used to fund the GBYS program, but also provides funding to

the HALB. The third component of funding for year three is to fund a full time position to assist Ruth with follow up. The three-year grant from CDC ends June 30, 2008. Those funds are being used to redesign VISITS. The redesign contract states that VISITS II shall be completed by June 30, 2008. It is integrated with the new electronic birth certification information. The link with CCC has not been established due to the need for a CCC database gap analysis and redesign. The possibility of linking with other agencies is more likely to occur with VISITS III.

Dr. Arti Pandya, Associate Professor, Human Genetics, Virginia Commonwealth University (VCU), has agreed to be a non-voting member of the group, as a liaison along with Dr. W. Nance.

#### **4. Group Announcements**

D. Pfeiffer and A. Hughes are working on revisiting the guidelines for working with students who are deaf and hard of hearing in public schools. Recommendations are being revised but include the use of a communication plan for all children. Once approval has been received from Dr. Cannaday, guidelines will be printed.

DOE is revisiting their regulations governing special education, which has not been done since 1997. Under consideration is the idea that the bar should be raised for educational interpreters and there should be requirements for education and training. The obligation of the schools on maintaining cochlear implants is also being reviewed. DOE continues to contract with A. Hughes to provide technical assistance. M. Campano has been included by trying to increase the competency of students who are deaf and blind.

UVA will provide three auditory and verbal trainings for speech pathologists who do not work with children regularly.

Second Annual Conference For Working with Students Who Are Deaf or Hard of Hearing will be held August 13-15, 2008, in Virginia Beach, Va., in collaboration with M. Campano and Pathways to Possibilities. Josh Swiller, an oral deaf adult, and Mary Koch, MA, CED, will be two of the featured speakers.

The Speech and Hearing Association (SHAV) will have its annual conference March 6-8, in Portsmouth, Va. The title is "Celebrating 50 Years of SHAV: The Past Holds the Key to the Future." Dr. Jack Katz will be the keynote speaker at the pre-conference on March 5, 2008. In addition, William Eisermann of NCHAM will present on their Early Head Start Hearing Program. Visit [www.shav.org](http://www.shav.org) for more information.

G. Lim and K. Harker of Pediatrix Medical Group provided an overview

of their program. Pediatrix began screening 15 years ago before Virginia passed the required Newborn Hearing Screening law. Pediatrix does not work with military hospitals. In addition, they do follow up on children, notifying the primary care provider (PCP) of results and encouraging families to receive necessary services. R. Frierson mentioned the problem that exists in reporting from hospitals that are directed by Pediatrix. K. Harker agreed to work with VEHDIP to identify and solve any problems that would improve the reporting and follow-up outcomes. A comment about the charges associated with Pediatrix prompted them to state that infants are screened regardless of their ability to pay.

AAP is working with a national group to revise PediaLink and anticipate it being completed by November 2008. It will include the new JCIH standards and address medical home issues.

D. Pfeiffer announced that midwives are regulated. Commonwealth Midwife Alliance is going to have parents sign that they will have a hearing screening on their child.

## **5. Lunch and Networking**

### **6. Proposed VEHDIP Advisory Committee Infrastructure**

N. Ford distributed a proposed infrastructure draft based on the discussion at the last meeting. The intent is to review the current infrastructure and revise it to incorporate an improved method of the Advisory Committee providing assistance to VDH. The VEHDIP Advisory Committee is required by law and certain regulations have to be met. Voting members are appointed by the Commissioner. There must be four meetings a year. There must be a Chair and a Vice Chair. We have more people than required as listed members. Several sections of the infrastructure were reviewed and discussed. A mission statement has to be developed as the original has not been located yet. There will be six goals from the CDC framework as well as an additional goal pertaining to family involvement. Membership attendance was revised to having to attend 50% of the meetings over the course of a year. Membership will be limited to those who are voting members of the VEHDIP AC. It was recommended that a different attendance policy be developed for parents due to travel, childcare, and time. There was a discussion of the rights of voting and non-voting members and what constitutes a quorum. It was decided that some issues could be settled by consensus. It was proposed that there be one voting member from each agency taking into consideration the list of required representation. Meetings will be changed to face-to-face meetings as there are strict guidelines about audio conferencing. Subcommittees were introduced, and attendees were asked to participate with at least one subcommittee.

**7. Next Meeting**

The next VEHDIP meeting will take place as follows:

Date: May 9, 2008

Time: 10 a.m. – 3 p.m.

Location: Children's Hospital of Richmond Auditorium  
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